

SERFF Tracking Number:	ALSB-125605980	State:	Arkansas
Filing Company:	Allstate Life Insurance Company	State Tracking Number:	38701
Company Tracking Number:	LU10918 SERIES		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	LU10918 Series		
Project Name/Number:	LU10918 Series/LU10918 Series		

Filing at a Glance

Company: Allstate Life Insurance Company

Product Name: LU10918 Series

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: ALSB-125605980

SERFF Status: Closed

Co Tr Num: LU10918 SERIES

Co Status:

Authors: Rebecca Marquez, Sue

Novotny, Gregory Douglas

Date Submitted: 04/15/2008

State: ArkansasLH

State Tr Num: 38701

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/22/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: LU10918 Series

Project Number: LU10918 Series

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/22/2008

State Status Changed: 04/22/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We are submitting the above-referenced endorsement for your review and approval. The purpose of these endorsements is to allow the policyowner to apply for an underwriting reclassification or additional benefits provided by riders approved for use with their life policy form. We are submitting 2 different versions of this endorsement as the reference to the underwriting classification differs in the previously approved policy forms to which these would be attached. Upon approval, these endorsements will be provided at no additional cost to the policyowner. These forms are new and do not replace any previously approved forms. We also request to allow for the variability of the following bracketed items on all above forms:

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1. Telephone Number: Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

2. Officer Signatures and Titles: Officer signatures and titles are variable so that we may update them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

Form LU10918 is an Amendatory Endorsement and will become part of the policy to which it is attached. Form LU10918 will be attached to both in force and new policy issues for policy forms we are currently marketing. This endorsement will be attached to the following previously approved policies where the underwriting class given is referred to as the "payment class":

Policy Form Series LU920
Policy Form Series LU960-1
Policy Form Series LU962
Policy Form Series LU999
Policy Form Series LU920
Policy Form Series NLU67
Policy Form Series NLU68
Policy Form Series NLU163

Form LU10919 is an Amendatory Endorsement and will become part of the policy to which it is attached. Form LU10919 will be attached to both in force and new policy issues for policy forms we are currently marketing. This endorsement will be attached to the following previously approved policies where the underwriting class given is referred to as the "rating class":

Policy Form Series LU3593
Policy Form Series LU4526

Also included with this submission is any other supporting documentation required by your state.

These forms are being submitted in final print form. We reserve the right to change the paper size, stock, ink, color, font, border, typeface, margins, or company logo to allow for adaptation to computer printing. However we certify the

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font size will never be less than the minimum required by your state, and the contents will remain unaffected, other than as indicated in the statement of variability. Please note that some of the variable information was bracketed using Adobe Acrobat Professional 6.0, therefore, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of your State, and includes nothing that has been previously objected to or disapproved by your Department.

Thank you for your time and consideration in regards to this filing. Should you have any questions, or require additional information to complete your review, please contact me directly.

Company and Contact

Filing Contact Information

Greg Douglas,	gdou2@allstate.com
3100 Sanders Rd, Suite M2A	(847) 402-2907 [Phone]
Northbrook, IL 60062	

Filing Company Information

Allstate Life Insurance Company	CoCode: 60186	State of Domicile: Illinois
3100 Sanders Road, Suite M2A	Group Code: 8	Company Type:
Northbrook, IL 60062	Group Name:	State ID Number:
(847) 402-8112 ext. [Phone]	FEIN Number: 36-2554642	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	Illinois is the Domicile state therefore the fee is \$50.00 which is greater than the \$40.00 Arkansas fee.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Life Insurance Company	\$50.00	04/15/2008	19564961

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/22/2008	04/22/2008

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Disposition

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Readability		Yes
Form	Amendatory Endorsement		Yes
Form	Amendatory Endorsement		Yes

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Form Schedule

Lead Form Number: LU10918

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LU10918	Policy/Cont Amendatory ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	LU10918 - ALIC payment class.pdf
	LU10919	Policy/Cont Amendatory ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	LU10919 - ALIC rating class.pdf

ALLSTATE LIFE INSURANCE COMPANY

{1-800-366-1411}

Amendatory Endorsement

General

1. The “policy” is the policy to which this endorsement is attached.
2. This endorsement is subject to all terms and conditions of the policy, except as provided in this endorsement.
3. This endorsement is made a part of the policy on the policy issue date.

Benefit

The endorsement amends the policy to allow for the following policy changes:

1. The policyowner may request a change in payment class while the policy is in force. The written request for a change in payment class must be submitted in a form satisfactory to us. The reclassification will be subject to our general underwriting requirements in effect at the time of the change in payment class request. Upon approval, we will provide written confirmation of this change to the most recent address we have on record for you.
2. The policyowner may request additional coverage(s) provided by rider(s) be added to this policy after the original issue date of the policy. Addition of rider(s) will be subject to their availability with the policy to which it will be attached at the time the request is received. The written request to add additional rider(s) must be submitted in a form satisfactory to us. The rider(s) may be subject to additional underwriting requirements in effect at the time the rider(s) request is received. Upon approval, we will send the requested rider(s) to the most recent address we have on record for you.

When This Endorsement Terminates

This endorsement will terminate when the policy terminates.

 Michael J. Velotta Secretary	 James E. Hohmann President and Chief Executive Officer
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ALLSTATE LIFE INSURANCE COMPANY

{1-800-366-1411}

Amendatory Endorsement

General

1. The “policy” is the policy to which this endorsement is attached.
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3. This endorsement is made a part of the policy on the policy issue date.

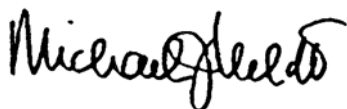
Benefit

The endorsement amends the policy to allow for the following policy changes:

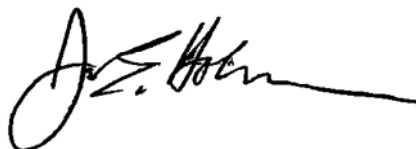
1. The policyowner may request a change in rating class while the policy is in force. The written request for a change in rating class must be submitted in a form satisfactory to us. The reclassification will be subject to our general underwriting requirements in effect at the time of the change in rating class request. Upon approval, we will provide written confirmation of this change to the most recent address we have on record for you.
2. The policyowner may request additional coverage(s) provided by rider(s) be added to this policy after the original issue date of the policy. Addition of rider(s) will be subject to their availability with the policy to which it will be attached at the time the request is received. The written request to add additional rider(s) must be submitted in a form satisfactory to us. The rider(s) may be subject to additional underwriting requirements in effect at the time the rider(s) request is received. Upon approval, we will send the requested rider(s) to the most recent address we have on record for you.

When This Endorsement Terminates

This endorsement will terminate when the policy terminates.



Michael J. Velotta
Secretary



James E. Hohmann
President and Chief Executive Officer

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 04/11/2008

Comments:

I hereby state that Rule & Regulation 19 & 49 are both in compliance with the state requirements.

Flesch Certification is attached to the supporting Document tab.

Review Status:

Bypassed -Name: Application 04/11/2008

Bypass Reason: This is an endorsement filing, therefore not applicable to this filing.

Comments:

Review Status:

Satisfied -Name: Readability 04/14/2008

Comments:

Attached Readability

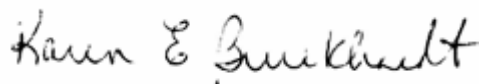
Attachment:

ALIC Readability.pdf

CERTIFICATION OF READABILITY

I, Karen Burckhardt, Assistant Vice President, hereby certify that these forms achieve a Flesch reading score as listed below:

<u>Form Number</u>	<u>Flesch Score</u>
LU10918	51.9
LU10919	51.9



Karen Burckhardt
Assistant Vice President

Date: April 2, 2008